

**HEALTH PLAN ADDRESS QUESTIONNAIRE
DISPROPORTIONATE SHARE HOSPITAL PAYMENT PROGRAM**

Return the questionnaire to:

Department of Health Services
Medi-Cal Policy Division
Disproportionate Share Hospital Unit
Attention: Elizabeth Garcia
1501 Capitol Avenue, Suite 71.4001, MS 4612
P.O. Box 997417
Sacramento, CA 95899-7417
Phone (916) 552-9693 Fax No. (916) 552-9504
sb855dshunit@dhs.ca.gov

_____ No changes.

_____ Please make changes to:

Name: _____

Title: _____

Health Plan: _____

Address: _____

City, State and Zip: _____

Phone: _____ ext. _____ Fax: _____

E-Mail: _____

Print Name: _____

Signature: _____

Title: _____

Date: _____